

Child's Name:\_\_\_\_\_

Date:\_\_\_\_\_

- I understand that this authorization is to be used only for topical creams and ointments such as diaper cream, lotion, and lip balm. I understand that medicated creams and overthe-counter creams/ointments with an active ingredient are only used on the diaper area and/or as a preventative measure.
- I understand that application to open sores, injuries, or continued use on a persistent diaper rash requires a Medication Authorization form signed by my child's physician and is not authorized under the terms of this form.
- I understand that Olam Jewish Montessori Preschool will not apply topical ointments or lotions to a rash or skin condition without a Medication Authorization form signed by my child's physician.
- I understand this form authorizes the Olam Jewish Montessori Preschool to apply topical ointments only supplied by my child's legal guardian (s). Olam Jewish Montessori Preschool will not supply ointments or allow the use of another child's ointment, creams, or lotions on my child. The ointment provided must be appropriate for use on a child and will be applied according to the instructions on the label.
- I understand the ointment must be labeled with my child's full name, handed to administration, and not left in my child's bag or cubby.
- I understand this authorization will remain effective as long as my child is enrolled in the Olam Jewish Montessori Preschool. I am responsible for withdrawing this authorization should I choose to do so.

Parent/Guardian Signature:\_\_\_\_\_

Date:\_\_\_\_\_





Child's Name:	School Year:
BRAND(S) OF SUNSCREEN:	
DAYS/TIMES TO BE APPLIED:	
NOTES/COMMENTS:	

- First application of sunscreen should be applied by parent/ guardian at drop off.
- We cannot apply aerosol sunscreens.
- Sunscreen shall remain in the container in which it was received.
- Teachers shall administer sunscreen only if written authorization is given.
- Community Care Licensing requires that sunscreen be clearly labeled with the child's name (including the last name) and application instructions.

• Please give your child's sunscreen to your child's teacher. Sunscreen must be kept in a separate location, out of the reach of children. It may not be left in your child's cubby.

I authorize the Olam Jewish Montessori faculty to administer the sunscreen I have supplied the school with on my child.

Parent Name (Print) :\_\_\_\_\_

Date:

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